

FEB 01 2006
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number	10/658,145	Filed 09/09/2003
For SUGAR JUICE CLARIFIER APPARATUS		
Art Unit	1723	Examiner DAVID A. REIFSNYDER

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	\$ Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form.
Provide credit card information and authorization on PTO-2038.

I am the: applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form F TO/SB/96).
 attorney or agent of record. Registration Number _____
 attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____


Richard Wilfred Wright

Typed or printed name

12-20-05

Date

225) 769-4039

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of ONE forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the envelope, or on the front if space permits. 		<table border="1"> <tr> <td>A. Signature</td> <td><input checked="" type="checkbox"/> Agent</td> </tr> <tr> <td>X</td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by</td> <td>RECEIVED</td> </tr> <tr> <td colspan="2">C. Date of Delivery</td> </tr> <tr> <td colspan="2">D. Is delivery address different from Item 1? Yes If YES, enter new address below:</td> </tr> <tr> <td colspan="2">E. ZIP Code: 22313-1450 No</td> </tr> <tr> <td colspan="2">F. USPTO MAIL CENTER</td> </tr> </table>		A. Signature	<input checked="" type="checkbox"/> Agent	X	<input type="checkbox"/> Addressee	B. Received by	RECEIVED	C. Date of Delivery		D. Is delivery address different from Item 1? Yes If YES, enter new address below:		E. ZIP Code: 22313-1450 No		F. USPTO MAIL CENTER	
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2. Article Number (Transfer from service label)		7005 2570 0001 3195 7206															